

New Student Organization Registration Form 2009-2010



INSTRUCTIONS

All student organizations must complete and submit this 4-page packet to initiate the SGA registration process for the current academic year. The completion of this entire packet, along with your attached constitution (a sample constitution can be found online at <http://studentlife.cofc.edu/forms.html>), assures student organizations continued eligibility for those privileges provided by the Student Government Association, the Office of Student Life and the Division of Student Affairs at the College of Charleston. These materials must be submitted before your appearance at the Student Organizations Review Board (which you will need to schedule with the SGA Secretary).

All student organizations must read and abide by *The Compass*, found at: <http://studentlife.cofc.edu/forms.html> (Student Life website under Forms and Policies).

For more information, please contact the SGA Office at (843) 953-5722 or visit the office in-person on the fourth floor of the Stern Student Center (Stern 401).

REGISTRATION CHECKLIST

Name of Organization: _____

Registration Status: Registered Status Sanctioned Status

(Definition of status can be found online at <http://studentlife.cofc.edu/forms.html>)

Type of Organization:

- | | | |
|---|--|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Honors | <input type="checkbox"/> Political |
| <input type="checkbox"/> Campus Programming | <input type="checkbox"/> International | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Education | <input type="checkbox"/> Multicultural | <input type="checkbox"/> Service and Leadership |
| | | <input type="checkbox"/> Special Interest |

PETITION TO ORGANIZE

Purpose of Organization (*Must include* and be sure that it is different then other club's purposes):

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ORGANIZATIONAL RELEASE OF INFORMATION

The following information will be included on the Student Life website and will be available to on and off-campus entities which request a list of student organizations, contact names, phone numbers and email addresses unless you indicate otherwise on this form. It is up to the discretion of the Office of Student Life to approve or deny requests for information. The completed form allows the College to release the information provided to interested students, faculty, staff and administrators.

For more information, please contact, SGA Secretary (843) 953-5722, Stern Student Center Room 401.

Please include on the Student Life Website (check all that apply):

Contact Name Phone Number Email Address

Name of Organization: _____

Name of Contact Person: _____

Signature: _____

Email Address: _____ Phone Number: _____

Mailing Address: _____

Are meetings open for anyone to attend? Yes No

NATIONAL/INTERNATIONAL AFFILIATION

Is your organization a chapter of/in affiliation with any national or international organization? If yes, you must submit a copy of the national/international constitution along with your local constitution.

Name of International/National Organization: _____

Address: _____

Phone: _____

// INSURANCE INFORMATION

Is your organization covered by any type of insurance? If yes, please complete the following and submit a Certificate of Insurance, naming the College of Charleston as additionally insured, with this form.

Name of Insurance Carrier: _____

Address: _____

Phone Number: _____

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OFFICER INFORMATION

Organization Name: _____

President: Name: _____ CofC I.D. # _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Vice President: Name: _____ CofC I.D. # _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Secretary: Name: _____ CofC I.D. # _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Treasurer: Name: _____ CofC I.D. # _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

**Please list any additional officers here and attach to packet.
(include name, address, email address, phone number, and C of C I.D. number)**

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PRESIDENT'S RESPONSIBILITY STATEMENT

I hereby certify the following:

- The purpose of this organization is legal.
- Activities to be engaged in by this organization conform to rules and regulations of the College of Charleston.
- Activities to be engaged in by this organization are compatible with the educational goals of the College of Charleston (see the *Honor Code* and *The Compass* for additional information).
- I will schedule a meeting with the coordinator of business Services to fully review the 2009-2010 edition of *The Compass* and I understand that it is my responsibility to guide and educate the members of my organization with regard to these policies.
- All contact information on this form is entirely filled out and will contact the SGA Secretary if there are any changes to contact information for club officers.

President's Signature: _____

Date: _____

ADVISOR VERIFICATION

The College of Charleston requires all registered student organizations to have an advisor. This must be a full time member of the staff, faculty, or administration and is responsible for the following:

- To be available to meet with members of the organization which he or she advises at their regular group meetings or at a special meeting called for that purpose.
- To promote a closer relationship between and among students, faculty and staff.
- To provide assistance to students in setting goals and planning activities for the organization.
- To assist students in developing co-curricular interests consistent with the mission of the College of Charleston.
- If the student organization maintains an on-campus account with the College, the advisor must be a signor on the account and must see every transaction that occurs on the account. Budget reports for the account will be sent upon request to the advisor from the Office of Student Life.

Specifically, the role of the advisor is largely defined by the person filling the position. Additional information is provided in *The Compass*.

I agree to serve as the advisor to the above mentioned student organization for the 2009-2010 academic year, including having my name and email address on the Student Life webpage, and I intend to fulfill the above responsibilities to the best of my ability.

Advisor's Signature: _____

Date: _____

Print Name: _____

Email Address: _____

Phone Number: _____

COLLEGE OF CHARLESTON
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Final Checklist

Please make sure that all of the following information is included with your packet before it is submitted to the SGA Office. Incomplete information will result in a delay of the registration of your organization and may impact your organization's ability to reserve space on campus, access organization funds and/or apply for SGA contingency funding.

Required Items:

- Copy of your local constitution (*a sample copy can be found at <http://studentlife.cofc.edu/forms.html>*)
- Copy of Insurance document (if applicable)
- Full Membership Roster with Student I.D. Numbers
- President's Responsibility Statement (signed)
- Advisor Verification (signed)
- Have you made a copy of this packet for your files?